Al			Please read instructions on reverse. Environmental Protection Age	ncy	I. Name	and Add	ress of R	eporting A	Agency		
EPA		art I: \ (Thi:	Office of Drinking Water Washington, DC 20460 C Federal Reporting System Permit Review and Issuar Wells in Areas of Review s information is solicited under	er	Division Attn: Co 601 57ti	t. of Envi of Water onnie And on St., SE ton, WV 2	r and Wa Ierson				
	the a	utho	ority of the Safe Drinking Wat state Contact name, telephone no.)	er Act)	IV Ren	orting Per	ind (man	th vear)			
	1-001-14	iii. O	nate Contact name, telephone no.)		From	orting r cr	100111) 201	To			
		Conn	nie Anderson, 304 926 0499 Ext. 1	1073	1	er 1, 20	13		Sep	tember 3	30, 2014
						С	lass and	Type of I	njection \	Vells	
			Item		1	SWD 2	ER 2R	HC 2H	lii	IV	V
V. Permit	Number of Per	mit A	pplications Received		1	18	2R 2	2n 0	1		53
Application			Number of Individual	New Wells		10		0	0		15
		Α	Permits Issued (One well)	Existing Wells		17	0	0	0		0
VI. Permit	Permit		Number of Area Permits Issued*	New Well Field		0	0	0	0		31
	Issued	В	(Multiple wells) (*See instructions on back)	Existing Well Field		0	5	0	0		C
Determination		С	Number of Wells in Area Permits	New Wells		0	0	0	0		209
			(See B above)	Existing Wells		0	194	0	0		c
	Permit Not Issued	D	Number of Permits Denied/Withdra (after complete technical review)	awn		2	0	0	0		0
	Modification Issued	Е	Number of Major Permit Modificati		0	0	0	0		0	
VII. Permit		umber of Rule-Authorized Reviewed 0 0 lass II Wells Reviewed Wells					0	0	0		0
File Review	Class II vveiis	Revie	wed	Deficient		0	0	0	0		0
	Wells	А	Number of Wells	Abandoned Wells		3	55	0	0		c
	Reviewed		in Area of Review	Other Wells		12	450	0	0		
	Wells Identified	В	Number of Wells Identified	Abandoned Wells		0	0	0	0		C
VIII. Area	for C/A	В	for Corrective Action	Other Wells		0	0	0	0		С
of Review (AOR)			Number of Wells in AOR with Casing Repaired/Recemented C/	4		0	0	0	0		C
(1.0.1)	Wells		Number of Active Wells in AOR Plugged/Abandoned			o	0	0	0		0
	with C/A	С	Number of Abandoned Wells in AOR Replugged			0	0	0	0		0
			4. Number of Wells in AOR with "Other" Corrective Action (On Orde		0	0	0	0		o	
IX. Remarks/Ad	Hoc Report (A	ttach	additional sheets If necessary)								
			ade on this form and all atachments shable by fine or imprisonment or b			, and com	iplete. I a	acknowle	dge that	any knowin	gly false
Signature and T	voed or Printed	Nam	e and Title of Person Completing F	nm				Date		Telephone	No.

₽ EPA		U art l	Environmental Protection Agency Office of Drinking Water Washington, DC 20460 IC Federal Reporting System II A: Compliance Evaluation this information is solicited under hority of the Safe Drinking Water Act)	I. Name and Address of Reporting Agency WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St., SE Charleston, WV 25304											
I. Date Prepared (month, day, year	IV. Rep	orting Per	iod (mon												
October	-	Cor	nnie Anderson, 304 926 0499 Ext 1073		or 1: 20	13	To Se	ntembe	r 30 - 20	114					
		100	mile Anderson, Got 020 0400 Ext 1010	October 1, 2013 September 30, 2014 Class and Type of Injection Wells											
	1	SWD 2	II ER 2R	HC 2H	101	IV	V								
	Total Wells	A	Number of Wells with Violations		40	3	0	0		63					
			Number of Unauthorized Injection Violations		1	0	0	0		56					
٧			2. Number of Mechanical Integrity Violations		1	1	0	0		0					
Summary of	Total	В	Number of Operation and Maintenance Violations		5	0	0	0		0					
Violations	Violations		Number of Plugging and Abandonment Violations		8	0	0	0		0					
			Number of Monitoring and Reporting Violations		0	0	0	0		7					
			Number of Other Violations (Specify) /MVWDWs		16	0	0	0		56					
	Total Wells	A	Number of Wells with Enforcement Actions		25	0	0	0		63					
			Number of Notices of Violation		24	2	0	0		0					
			2. Number of Consent Agreements		0	0	0	0		0					
VI. Summary			3. Number of Administrative Orders		18	0	0	0		0					
of Enforcement	Total Enforcement	В	4. Number of Civil Referrals		0	0	0	0		0					
	Actions		Number of Criminal Referrals		0	0	0	0		0					
			6. Number of Well Shut-ins		1	36	0	0		0					
			Number of Pipeline Severances Number of Other Enforcement Actions		0	0	0	0		0					
			(Specify) Verbal /Letters		0	0	0	0		63					
VII. Summary	Number of We		A. This Quarter		0	0	0	0		22					
of Compliance	Returned to C	ompi	B. This Year			_	_	ا ،		ے ا					

X. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

I certify that the statements I have made on this form and all atachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Number of Cases of Alleged Contamination of USDW

Percent of MIT Violations Resolved in 90 Days

Date Phone No. 10/1/2014 304 389 7622

0

0

56

0

0

0

0

0

0

0

0

100

Danny Wandling ERS

Compliance

VIII.

Contamination

IX.

MIT Resolved



U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 **UIC Federal Reporting System** Part II B: Compliance Evaluation **Significant Noncompliance**

WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St., SE Charleston, WV 25304

I. Name and Address of Reporting Agency

(This information is solicited under the authority of the Safe Drinking Water Act)

II. Date Prepared III. State Contact name, telephone no.) IV. Reporting Period (month, year) (month, day, year) From

To

,,, ,,,		l .						1.0						
10/1/2	014	Co	Octob	er 1, 20	13	September 30, 2014								
								ype of Inj	ection We	lts				
Item							II ER	HC	ĵji	IV	v			
	Total Wells	Α	Number of W	ells with SNC Violations		9	2R 0	2H 0	0		56			
	vveiis		1. Number of Injection SNC			0	0	0	0		56			
			and the second s	Mechanical Integrity		3	0	0	0		0			
V. Summary of			3. Number of SNC Violation	Injection Pressure		1	0	0	0		0			
Significant Non- Compliance (SNC)	Total Violations	В	4. Number of and Abandon	Plugging ment SNC Violations		9	0	0	0		0			
(0110)			5. Number of of Formal Ord	f SNC Violations Iers		0	0	0	0		0			
			6. Number of SNC Violation			0	0	0	0		0			
			7. Number of (Specify) MV	Other SNC Violations WDWs		0	0	0	0		56			
	Total	Α	Number of Wells with			0	0	0	0		56			
	Wells		Enforcement	Enforcement Actions Against SNC			0	0	0		56			
			1. Number of	Notices of Violation		9	0	0	0		0			
VI.			2. Number of	Consent Agreements/Orders		0	0	0	0		0			
Summary			3. Number of	f Administrative Orders		0	0	0	0		0			
of Enforcement	Total		4. Number of	Civil Referrals		0	0	0	0		0			
Against SNC	Enforcement Actions	В	5. Number of	Criminal Referrals		0	0	0	0		0			
			6. Number of	Well Shut-ins		2	36	0	0		0			
			7. Number of	Pipeline Severances		0	0	0	0		0			
			Number of Other Enforcement Actions Against SNC Violations (Specify)Verbal			0	0	0	0		56			
VII. Summary	Summary Number of Wells in SNC			A. This Quarter			0	0	0		22			
of Compliance	Returned to Co	mpliance		B. This Year		2	0	0	0		56			
VIII. Contamination	Number of Cas	es of Alleged	I Contamination	of USDW		0	0	0	0		(
IX.	Class IV/Endar	gering Class	· V		Involunt	ary Well C			56					
Well Closure	Well Closures					y Well Clo			(

Certification

I certify that the statements I have made on this form and all atachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form	Date	Phone
Danny Wandling ERS Wany wadley	10/1/2014	304 389 7622



U.S. Environmental Protection Agency
Office of Drinking Water
Washington, DC 20460
UIC Federal Reporting System
Part III: Inspections

(This information is solicited under the authority of the Safe Drinking Water Act) I. Name and Address of Reporting Agency

WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St., SE Charleston, WV 25304

II. Date Prepared (III. State Contact (name, telephone no.) (month, day, year)							IV. Reporting Period (month, year)								
(month, day,		Connie A	.nderson 304 926 0499 Ex	d 1073		Octob	er 1, 20	13			3	0-Sep-14			
							Cla		Type of Inj	ection W	ells				
			Item			1	SWD	ER.	НС	30	IV	v			
	Total Wells	A	Number of We	lle Inenected		-	2 35	2R 50	2H	6		198			
	TOTAL VVEIIS	<u> </u>	Number of Mechanical Integri		- 35					190					
			(MIT) Witnessed				15	10		0		0			
V. Summary of Inspections			Number of Emergency Respondence Complaint Response Inspection				0	0		0		0			
	Total Inspections	В	Number of Well Constructions Witnessed				1	0		0		0			
			Number of Well Pluggings Witnessed				2	0		0		0			
			Number of Routine/Periodic Inspections				22	47		6		220			
	Total	А	Number of Wells Tested or Eval for Mechanical Integrity (MI)	uated			5	16		4		0			
	Wells	В	No. of Rule-Authorized Wells	Passed 2-pa	art test		0	0		0		0			
			Tested/Evaluated for MI	Failed 2-part	t test		0	0		0		0			
VI Summary of			1. Number of Annulus Pressure		Well Passed		0	0		4		0			
	1		Monitoring Record Evaluations		Well Failed		0	0		0		0			
			2. No. of Casing/		Well Passed		4	16		0		0			
	For Significant	С	Tubing Pressure Tests		Well Failed		1	0		0		0			
	Leak		3. Number of Monitoring		Well Passed		0	0		0		0			
			Record Evaluations		Well Failed		0	0		0		0			
Mechanical			4. No. of Other Significant		Well Passed		0	0		0		0			
Integrity (MI)			Leak Tests/Evaluations (Specify	Well Failed		0	0		0		0				
		D	Number of Cement Well Passed				30	26		4		0			
			Record Evaluations		Well Failed		0	0		4		0			
	F		2. Number of Temperature/		Well Passed	ļ	0	0		0		0			
	For Fluid		Noise Log Tests		Well Failed		0	0		0		0			
	Migration		No. of Radioactive Tracer/ Cement Bond Tests		Well Passed		0	0		0		0			
					Well Failed		0	0		0		0			
			No. of Other Fluid Migration Tests/Evaluations (Specify)		Well Passed Well Failed	-	0	0		0		0			
	Total		Number of Wells with		0	0		0		0					
	Wells	A	Remedial Action		1	0	ļ	2		0					
VII. Summary			Number of Casing Repaired/ Squeeze Cement Remedial Action	ons			0	0		2		0			
of Remedial	Total Remedial	В	Number of Tubing/Packer Remedial Actions		2	0		0		0					
Action	Actions		Number of Plugging/Abandor Remedial Actions		o	0		0		0					
			Number of Other Remedial A (Specify)		0	0		0		0					
VIII. Remark															
			on this form and all atachments the			omplete,	l acknowle	edge that	any know	ingly fals	e or misle	ading			
Signature and	d Typed or Prin	ited Name ar	mprisonment or both under applica and Title of Person-Completing Form						Date		Phone N				
Danny Wand	ling ERS	No	come wand line						10/1/	2014	1304 38	9 7622			

\$ FΡΔ
EPA

U.S. Environmental Protection Agency
Office of Drinking Water
Washington, DC 20460
UIC Federal Reporting System
Part IV: Quarterly Exceptions List

Form Approved OMB No. 2040-0042

I. Reporting Period

304 389 7622

10/1/2014

		(This information	tion is solicite	ed un	der									g Peri	od		-			
	the	e authority of the				Act)						From		-Oct-	13		То		30-Se	p-14
			V.	Sum								VI. Summary of Enforceme								
					Mark	('X')	Viola	ation	Тур	e		Mark ('X') Enforcem						/pe	_	-
II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	Date of Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Date of Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	VII. Date Compliand Achieved
	None																			
						ertific														
	e statements I have made on this form		ents thereto	are tr	rue, a	accur	ate,	and	com	olete.	I acknowledg	e that	any k	nowli	ngly fa	ise or	misle	ading	state	nent may be
	fine or imprisonment or both under ap erson Completing Form	plicable law.	Typed or Pri	inted	Nam	e an	d Titl	e	_			Date						Phor	ne No.	

Signature of Person Completing Form

EPA Form 7520-4 (Rev. 3-88)

Previous edition is obsolete.

Danny Wandling ERS